PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/576,074			ing Date 14/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY											HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A	LD NO	N/A	ı	N/A	122(0)		N/A	TLL (0)
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A	1	N/A			N/A	
	(37 CFR 1.16(k), (j), (EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1,16(h))	is	minus 3 = *			ı	x \$ =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	
APPLICATION AS AMENDED - PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY											
AMENDMENT	01/06/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 7	Minus	<b></b> 20	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	<b></b> -3	= 0	ı	x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	**	-	l	x \$ =		OR	x s =	
M	Independent (37 CFR 1.16(h))		Minus	***		1	x \$ =		OR	x \$ =	
Ш	Application Size Fee (37 CFR 1.16(s))										
ΑÑ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Provousy Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 rainwates to complete in condition gathering, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burful, as allowed be sent to the CEMPT (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO C. Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO THIS ADDRESS SEND TO THE SEND THIS ADDRESS SEND THIS